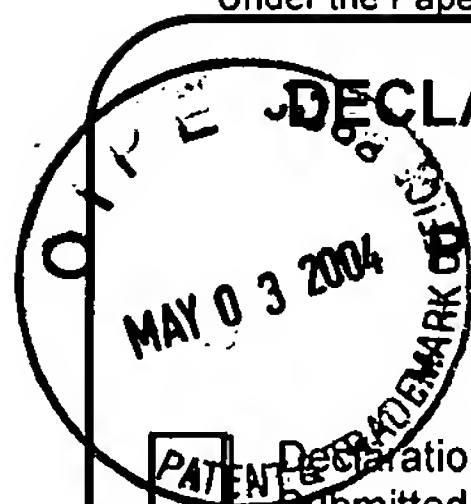


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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration  
Submitted  
With Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	47969.0002
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First Named Inventor	Knowlton et al.
----------------------	-----------------

## COMPLETE IF KNOWN

Application Number	10/707,379
--------------------	------------

Filing Date	December 9, 2003
-------------	------------------

Art Unit	not yet assigned
----------	------------------

Examiner Name	not yet assigned
---------------	------------------

## I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM FOR DISINFECTING SHOPPING CARTS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 12/9/03 as United States Application Number or PCT International

Application Number 10/707,379 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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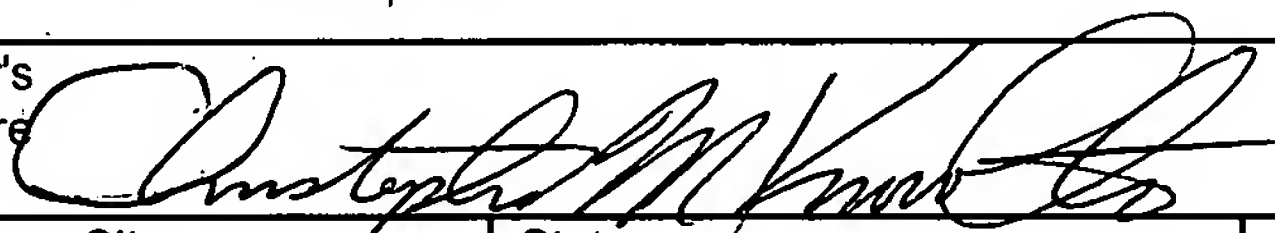
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Name			
Address			
City		State	ZIP
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Christopher M.		Family Name or Surname Knowlton	
Inventor's Signature 		Date 1-8-04 <i>CMK</i>	
Residence: City Pinehurst	State NC	Country USA	Citizenship USA
Mailing Address P.O. Box 5449			
City Pinehurst	State NC	ZIP 28374	Country USA
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Supplemental Sheet

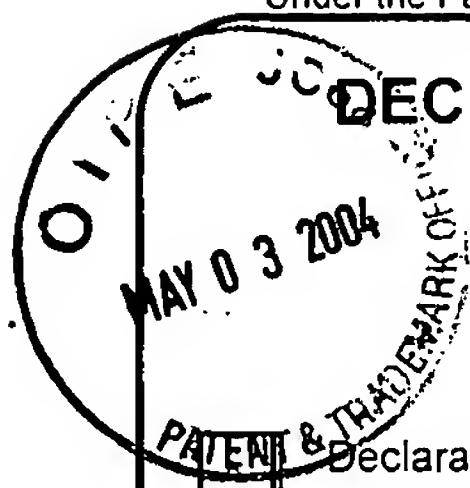
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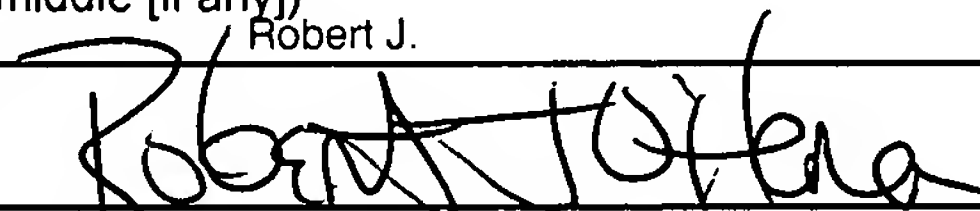
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City Pinehurst	State NC	ZIP 28374	Country USA
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Inventor's Signature 			Date 2/22/04
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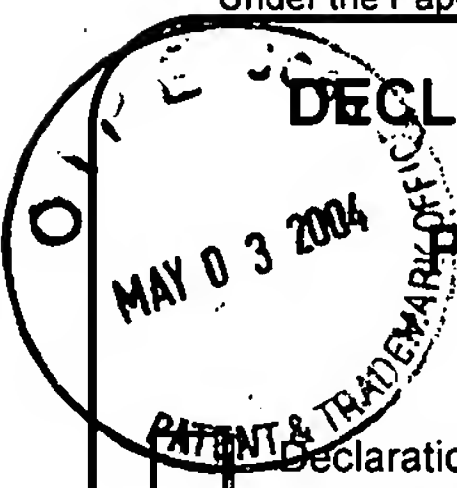
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 <p><b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)</p> <p><input type="checkbox"/> Declaration Submitted With Initial Filing      OR      <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)</p>	Attorney Docket Number	47969.0002
	First Named Inventor	Knowlton et al.
	COMPLETE IF KNOWN	
	Application Number	10/707,379
	Filing Date	December 9, 2003
	Art Unit	not yet assigned
Examiner Name	not yet assigned	

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(Title of the Invention)

the specification of which

☐ is attached hereto

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# DECLARATION — Utility or Design Patent Application


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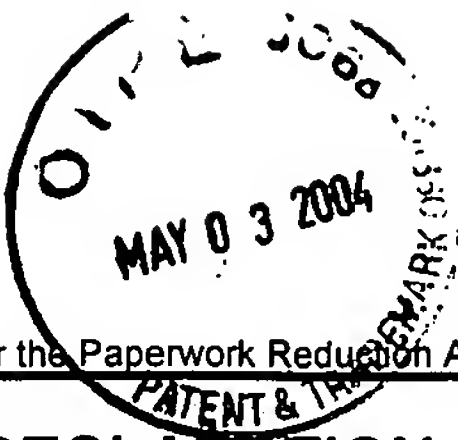
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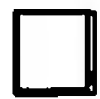
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[Page 1 of 2]

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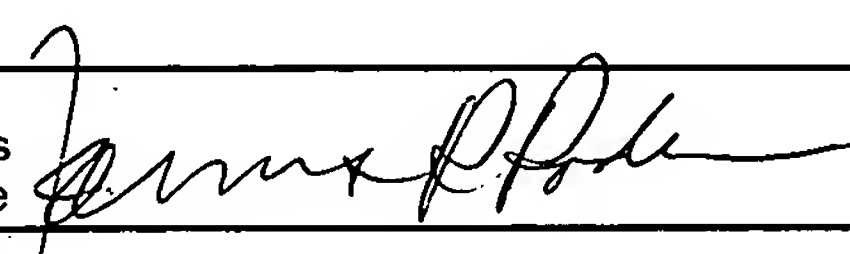
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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 2px 20px;">25928</span> OR <input type="checkbox"/> Correspondence address below			
Name			
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Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Christopher M.		Family Name or Surname Knowlton	
Inventor's Signature			Date
Residence: City Pinehurst	State NC	Country USA	Citizenship USA
Mailing Address P.O. Box 5449			
City Pinehurst	State NC	ZIP 28374	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Robert J.		Family Name or Surname O'Hara	
Inventor's Signature			Date
Residence: City Pinehurst	State NC	Country USA	Citizenship USA
Mailing Address P.O. Box 1550			
City Pinehurst	State NC	ZIP 28370	Country USA
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael J.		Roden	
Inventor's Signature		Date	
Prescott Residence: City	AZ State	USA Country	USA Citizenship
P.O. Box 12290 Mailing Address			
Mailing Address			
Prescott City	AZ State	86301 Zip	USA Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
James R.		Roden	
Inventor's Signature 		Date <u>12-22-03</u>	
Scottsdale Residence: City	AZ State	USA Country	USA Citizenship
5869 East Ironwood Drive Mailing Address			
Mailing Address			
Scottsdale City	AZ State	85262 Zip	USA Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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